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Susumu HONGO et al.

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Examiner Pritesh Ashok Patel

MEDICAL USE SYRINGE

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Attached hereto is a Credit Card Payment Form authorizing payment in the amount of \$130.00 to cover Patent Office fees relating to filing the following attached papers:

Petition for Extension of Time

\$130.00

Respectfully submitted,

Susumu HON O et al

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